

W-2 Case Management Services (CMS) Agreement

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Participant Name (Last, First, MI)	Personal Identification Number	RFA/Case Number
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The Financial and Employment Planner (FEP) must discuss and check the following statements with each applicant/participant being placed in CMS.

- ☐ You are being placed in the Case Management Services (CMS) placement because:
- ☐ Based on your current employability assessment, we have determined that you are capable of obtaining a job; or
 - ☐ You have reached your time limit and are not eligible for or do not wish to receive an extension. If you do not understand how to receive an extension, ask your worker to explain.
- ☐ Although you will **not** receive a cash payment in the CMS placement, you will receive case management services while in this placement in order to help you succeed in finding employment. Case management services will include weekly contact with your worker to discuss your job search; job search assistance such as job opening referrals, resume writing assistance, job orientation activities, etc.
- ☐ If you are unable to get a job within 30 days and have cooperated with job search efforts and other requirements in your employability plan, your employability will be reassessed and you may be placed in a W-2 cash paying placement if otherwise eligible.
- ☐ Regardless of whether or not you receive case management or other W-2 services, you may be eligible for other programs to help low-income families such as Job Center services, food stamps, Child Care, Medicaid, Job Access Loans, Emergency Assistance, etc.

Applicant/Participant must check and initial agreement or disagreement. (An appeal request is optional with either decision)

- ☐ _____ **I agree to receive case management services as described above.** I understand that if I do not complete assigned job search activities or refuse an offer of employment, I may be denied future W-2 eligibility.
- ☐ I still wish to appeal the denial of a W-2 cash payment and I request a fact finding form [*Request for Wisconsin Works (W-2) Fact Finding Review form (DES 10783)*].
- ☐ _____ **I do not agree to receive case management services as described above.** I understand that I can reapply for W-2 services at any time.
- ☐ I wish to appeal the denial of a W-2 cash payment and I request a fact finding form [*Request for Wisconsin Works (W-2) Fact Finding Review form (DES 10783)*].

Applicant/Participant Signature		Date Signed
W-2 Agency Representative	Title	Date Signed

Completion of this form meets the requirements of Wisconsin Statutes 49.147(2), Wisconsin Administrative Rules Chapter DWD 12.16(1).
RETAIN COMPLETED FORM IN CASE RECORD